

APPLICATION Convenience Zone Exemption

Mail to: Department of Conservation • *Division of Recycling* • *Convenience Zone Section* 801 K Street • MS 15-59 • Sacramento, CA 95814-3533

1. Applicant Information				
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Applicant Name		Firm/Organization		
Contact Person		Mailing Address		
City	State	Zip	Phone	
2. Zone(s) Proposed for Exemption	n			
Priority Company Name of Supermarket		Address of Supermarket		
1				
2				
3.				
4				
5				
J		onal sheet if necessary		
3. Justification for Exemption				
	Attach addition	nal sheet if necessary		
4. Signature of Applicant:				
The applicant declares that all the best knowledge and belief of the	e information submit undersigned, who i	ted for the Division's is duly authorized to	consideration is true and accurate to the sign this exemption request.	
Applicant's Signature			Title(If appicable)	
Date				